Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
	)	
Promoting Telehealth for Low-Income Consumers	)	WC Docket No. 18-213

COMMENTS OF THE PARTNERSHIP FOR ARTIFICIAL INTELLIGENCE, TELEMEDICINE, AND ROBOTICS IN HEALTHCARE

Jonathan D. Linkous, MPA, FATA
Chief Executive Officer
PATH
140 Huguenot Street
3rd Floor
New Rochelle, NY 10801

Chérie R. Kiser
Angela F. Collins
CAHILL GORDON & REINDEL LLP
1990 K Street, NW, Suite 950
Washington, DC 20006
(202) 862-8900
ckiser@cahill.com
acollins@cahill.com

Its Attorneys

Dated: August 29, 2019

TABLE OF CONTENTS

Page Number

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
	)	
Promoting Telehealth for Low-Income Consumers	)	WC Docket No. 18-213
	)	

COMMENTS OF THE PARTNERSHIP FOR ARTIFICIAL INTELLIGENCE, TELEMEDICINE, AND ROBOTICS IN HEALTHCARE

The Partnership for Artificial Intelligence, Telemedicine, and Robotics in Healthcare ("PATH"), by its attorneys, respectfully submits these comments on the Notice of Proposed Rulemaking ("NPRM") issued by the Federal Communications Commission ("FCC" or "Commission") on July 11, 2019, in the above-referenced matter.[1] The Commission seeks comment on the creation of a Connected Care Pilot program, which would operate as a new program within the federal universal service fund ("USF" or "Fund") and provide funding to eligible health care providers ("HCPs") to defray the qualifying costs of providing connected care services to low-income Americans and veterans.[2] PATH strongly supports the Commission's efforts to help "patients stay directly connected to health care providers through telehealth services" and "improve health outcomes among medically underserved populations that are missing out on these vital technologies."[3]

BACKGROUND

PATH is a membership-based, mission-driven alliance to ensure the integration of telemedicine, robotics, and artificial intelligence ("AI") with the many components that comprise

[1] WC Docket No. 06-122, *Universal Service Contribution Methodology*, Notice of Proposed Rulemaking, FCC 19-46 (rel. May 31, 2019) ("NPRM").

[2] NPRM ¶ 3.

[3] NPRM ¶ 1.

global healthcare. PATH's forward-thinking directives help to ensure that expertise critical for decision-making and funding makes its way into the many healthcare settings. PATH members include HCPs, health system executives in industry, public policy, academia, finance, government, and educators – all of whom have a stake in the delivery of effective healthcare around the world in both on-site and remote care environments.

AI and related innovations have enabled industries such as banking, aviation, and entertainment to grow faster, provide higher-quality products, and allow consumers greater choice. Telehealth, telemedicine, and connected care solutions to improve patient outcomes are emerging at a rate never seen before.[4] However, innovation alone does not equal adoption and use, especially in healthcare. Innovations must gain the support of a spectrum of decision-makers – HCPs, regulators, payers, and consumers.

PATH is action-oriented, uniting stakeholders to identify the most critical technology innovations in telemedicine, robotics, and AI. This strategy is intended to enable an effective pathway for their adoption in the worldwide ecosystem of medicine. PATH supports both public and private initiatives for patients, providers, and payers to realize the health outcome benefits of AI, telemedicine, medical sensors, and robotics based on the goals of: (1) improving patient outcomes and productivity; (2) reducing government and professional regulatory barriers; (3) aligning payment policies and incentives; (4) promoting partnerships in developing ethical applications; and (5) advancing public understanding surrounding AI, telemedicine, and robotics.

[4] NPRM ¶¶ 9, 80 ("Connected care services have resulted in improved health outcomes for chronic conditions and significant cost savings for health care providers and patients . . . . we intend that the Pilot will help improve health outcomes through connected care."); *see also* NPRM, Statement of Chairman Ajit Pai ("The future of health care is connected care. And this is a future I want the FCC to support. The $100 million budget we've proposed for the Connected Care Pilot program is a smart investment. It will deliver a lot of value to American consumers and won't divert resources from existing USF programs. And I believe it will better inform our understanding of how telemedicine can be used, save costs, and improve health outcomes.").

As the use of AI, telemedicine, robotics and other forms of advanced technology applications in healthcare grow, the Fund can play a critical role in advancing healthcare transformation. PATH stands ready to tackle issues concerning the acquisition and payment of hardware, software, telecommunications services, and broadband access needed to power these innovative services. As such, PATH is uniquely qualified to participate in this proceeding regarding the Commission's proposed Connected Care Pilot program.

COMMENTS

First, PATH urges the Commission to go further as it finalizes its rules to attract highly innovative HCP applications to maximize the public benefits from this increased federal funding. In this regard, PATH supports the Commission's proposal to implement a flexible Pilot program that will give HCP applicants the maximum latitude to offer innovative connected care projects for HCP identified health conditions.[5] This flexibility should include less prescriptive or descriptive rules for key terms, such as "rural health clinics,"[6] and permit applicants to submit plain language proposals.

Second, PATH generally supports the Commission's proposed criteria for Pilot program applications.[7] The list reflects a high expectation for HCP innovation and calls for an explanation of both patient and public benefits.[8] PATH agrees that applicants need to describe how they intend to reach patients, and the anticipated volume of connected care services to be provided.[9] PATH

---

5 NPRM ¶ 17.

6 NPRM ¶ 39, n.90.

7 NPRM ¶ 50.

8 NPRM ¶ 50; *see also* NPRM ¶ 14 ("by encouraging more health care providers to make use of connected care technologies, we may help create a model for the nationwide adoption of such technologies, which could lead to improved health outcomes for patients and savings to the country's health care system overall").

9 NPRM ¶ 50.

also appreciates the Commission's proposed application requirement for a description of actual broadband service utilization – the speed/technologies and relevant communication service characteristics - rather than the mere number of connections.[10]

Finally, PATH supports the Commission's proposal to deploy additional funding to create value-added patient connections and to permit the use of networks to allow economies of scale for connected care. The Commission's commitment to coordinate activities with other existing federally-funded telemedicine and broadband infrastructure programs, such as those in the Department of Agriculture[11] and the Department of Health and Human Services,[12] and with state medical licensing agencies[13] will enhance the results of the Connected Care Pilot program.[14] As the Commission acknowledges,[15] multistate licensing arrangements for health professionals are a critical regulatory change needed to ensure telehealth can be provided on a national basis without

---

[10] NPRM ¶ 50.

[11] *See, e.g.*, Distance Learning & Telemedicine Grants, United States Department of Agriculture, https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants.

[12] For example, President Trump recently signed an executive order directing the Department of Health and Human Services to encourage the use of in-home dialysis and to adopt rules that would incentivize clinicians to offer this option to patients. *See, e.g.*, *Trump Administration Announces Plans to Shake Up the Kidney Care Industry*, NPR (July 10, 2019), https://www.npr.org/sections/health-shots/2019/07/10/740276389/trump-administration-announces-plans-to-shake-up-the-kidney-care-industry.

[13] *See, e.g., Telemedicine Licensure Compact is Now Live in Half the Country*, MHealth Intelligence (Jan. 10, 2019), https://mhealthintelligence.com/news/telemedicine-licensure-compact-is-now-live-in-half-the-country.

[14] NPRM ¶¶ 27, 86-87.

[15] NPRM ¶¶ 12, 27; *see also* NPRM, Statement of Commissioner Brendan Carr ("To be sure, the Pilot Program won't solve every challenge - there are licensing and reimbursement issues that are beyond our expertise. But we are coordinating with the Department of HHS, the VA, state and local entities, and private providers. And I hope that the Connected Care Pilot Program will help us obtain data that will allow policymakers to chip away at some of the broader set of barriers to telemedicine adoption.").

regard to the location of the patient and physician.[16] PATH has urged other federal agencies to provide similar coordination among federal programs related to telemedicine for many years.[17]

The Importance of Broadband Connections to Achieve Fully "Connected" Care

When the Commission first made spectrum available for Medical Body Area Network ("MBAN") devices, it recognized the "limitations and disadvantages of patient monitoring technologies that tether patients to monitoring devices by an array of hardwired cables."[18] MBAN technology significantly improved the patient experience by allowing for wireless networking of multiple body transmitters used for the purpose of measuring and recording physiological parameters and other patient information or for performing diagnostic or therapeutic functions, primarily within in a healthcare facility. Today, medical sensors can be integrated into clothing,[19] and remote patient monitoring and mobile health applications can be accessed on smartphones or tablets outside of healthcare facilities so physicians can "deliver quality health care directly to patients, regardless of where they are located."[20]

---

[16] A recent rule change now allows Veterans Affairs employees to practice nationwide using telehealth or other virtual technologies. *See, e.g., VA Expands Telehealth by Allowing Health Care Providers to Treat Patients Across State Lines*, U.S. Department of Veterans Affairs (May 11, 2018), https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4054.

[17] PATH has made this suggestion to the Office of the National Coordinator for Health Information Technology and the White House Office of Science Technology Policy. The formation of a Joint Board consisting of members from all agencies addressing telehealth-related matters could prevent inefficiencies, duplication, and federal efforts that work at cross-purposes. A Joint Board also could identify opportunities for synergy, collaboration, and uniform approaches to the provision telehealth, telemedicine, and connected care services, which would lead to better management and use of the technology and available funds.

[18] *Amendment of the Commission's Rules to Provide Spectrum for the Operation of Medical Body Area Networks*, 27 FCC Rcd 5422, ¶ 1 (2012).

[19] Jenna Flogeras, *Integrating Wearable Medical Sensors into Clothing*, Advanced Science News (Aug. 26, 2019), https://www.advancedsciencenews.com/integrating-wearable-medical-sensors-into-clothing/.

[20] NPRM ¶ 7; *see also* ET Docket No. 08-59, Comments of the American Telemedicine Association (Oct. 2, 2009) (predicting that MBAN systems could eventually be used in a mobile environment for ambulatory patients by sending data through a commercially available wireless service to a monitoring center or HCP).

The Commission defines connected care "as a subset of telehealth that is focused on delivering remote medical, diagnostic, and treatment-related services directly to patients outside of traditional brick and mortar facilities."[21] Under this definition, a crucial component of "connected care" is access to care outside of the confines of traditional medical facilities, which can only be possible when the patient has access to both broadband and broadband-enabled devices.[22] The key to true "connected" care is connecting patients directly to their HCP, but there are many "patients who cannot afford or who otherwise lack reliable, robust broadband Internet access connectivity," and thus cannot take advantage of innovative telehealth technologies.[23] In order for the Connected Care Pilot program to reach its full potential, funding should be available for: patients to receive a fixed or mobile broadband connection to access connected care service, the software or other information service needed for operation of connected care service, and the end-user device on which connected care service is received.[24]

Defining Eligible Service Providers

The Commission seeks comment on expanding its interpretation of the statutory definition of "HCP" to include Emergency Medical Technicians, health kiosks, and school clinics.[25] As the Commission notes, limitations on the entities eligible to obtain funds under the Connected Care Pilot program could limit the effectiveness of the program and the Commission's ability to obtain

---

21 NPRM ¶ 21.

22 *See, e.g.*, *Understanding the 4 Key Barriers to the Adoption of Telemedicine*, VC Daily (Aug. 27, 2019), https://www.videoconferencingdaily.com/healthcare/understanding-the-4-key-barriers-to-the-adoption-of-telemedicine/ ("This makes it crucial that rural broadband access be addressed if telemedicine is to reach those outside the care of a physical doctor. . . . Until this barrier to the adoption of telemedicine is overcome, thousands of patients that could benefit from telemedical services will be sitting on the sidelines.").

23 NPRM ¶ 1.

24 NPRM ¶¶ 19-20, 23, 26.

25 NPRM ¶ 39.

meaningful data on connected care services.[26] PATH supports this expansion and further recommends that the Commission broadly interpret the definition of "HCP" to ensure Connected Care Pilot program funding is used in the most expansive way possible to benefit the most patients.

Emergency medical service centers, technicians, and emergency medical transport centers are associated with and serve hospital centers. These entities should be considered within the statutory definition of HCP and the legislative intent of Section 254(h)(7)(B) of the Act.[27] Many EMS/EMT services rely on telehealth applications to communicate and coordinate care with emergency physicians in real-time.[28] Telehealth enables a paramedic to communicate with an emergency physician for an early assessment well before the patient arrives at the hospital, which enhances the level of care that can be provided and ultimately saves lives. Such services also are useful in the emergency care hospital setting to allow specialists to consult on serious cases.[29] Telehealth services also could be used to assist emergency centers in meeting their requirements under the federal Emergency Medical Treatment and Active Labor Act, which ensures public access to emergency services regardless of ability to pay.[30]

In addition, PATH recommends that "rural health clinics" (an existing category of eligible HCPs[31]) be interpreted to include clinics or healthcare centers based at an elementary, secondary,

---

[26] NPRM ¶ 39.

[27] NPRM ¶ 39; *see also* 47 U.S.C § 254(h)(7)(B); 47 C.F.R. § 54.600(a).

[28] *See, e.g.*, *Tele-EMS Improves Productivity and Reduces Overall Costs*, Journal of Emergency Medical Services (Apr. 9, 2019), https://www.jems.com/articles/2019/04/tele-ems-improves-productivity-and-reduces-overall-costs.html.

[29] *See, e.g.*, *How mobile access to medical images saved a baby's life*, Nuance (Nov. 18, 2014), https://whatsnext.nuance.com/healthcare/medical-image-sharing-saves-lives/.

[30] 42 U.S.C. § 1395dd; *see also Emergency Medical Treatment and Active Labor Act (EMTALA) and Telehealth in Critical Access Hospitals*, National Rural Health Association Policy Brief (May 2011), https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/EMATALAandTelehealthinCAHPolicyPaper.pdf.aspx?lang=en-US.

[31] 47 U.S.C § 254(h)(7)(B); 47 C.F.R. § 54.600(a).

or post-secondary school.[32] School-based healthcare centers offer a variety of services and are often open during and after school, which addresses cultural, financial, privacy, and transportation-related barriers to clinical and preventive healthcare services faced by vulnerable populations. Many experts believe the use of telemedicine in schools can bring significant benefits, from allowing school nurses to treat more complex conditions to helping chronically ill kids attend school more frequently.[33] School-based telehealth services also should be available to the parents of children in elementary and secondary schools. Many pediatric medical issues (such as asthma, obesity, depression, and substance abuse) reflect the health status of the parent,[34] who may be equally isolated from access to adequate healthcare services. Permitting both children and their parents to access telehealth, telemedicine, and connected care in a school-based setting supports the Connected Care Pilot program's goal of ensuring these innovative technologies reach those that need them the most.[35]

There is no question that "[s]chool telehealth will be a game changer in terms of children's health, keeping them in school and improving educational outcomes."[36] Many telehealth

---

[32] *See, e.g.*, WC Docket No. 06-122, Comments of the Partnership for Artificial Intelligence, Telemedicine, and Robotics in Healthcare (filed July 29, 2019).

[33] Michael Ollove, *Telemedicine in Schools Helps Keep Kids in the Classroom* (Jan. 4, 2017), https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/01/04/telemedicine-in-schools-helps-keep-kids-in-the-classroom.

[34] *See, e.g., Healthy Children Begin with Healthy Parents – Food Choices Matter*, Center for Nutrition Studies (Apr. 5, 2018), https://nutritionstudies.org/healthy-children-begin-healthy-parents-food-choices-matter/ ("As parents, it starts with us. We can be role models for our children by the way we care for ourselves. Healthy families can produce healthy children."); *The Influence of Parenting on Early Childhood Health and Health Care*, Journal of Pediatric Psychology (November 2014), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4201764// ("Specifically, parents' own use of health services has been positively associated with their children's health care, reflecting similarities in health status and patterns of help seeking between generations.").

[35] *See, e.g.*, *Speech Teletherapy for Students Blazing a New Trail in Telemedicine*, ValueWalk (Aug. 26, 2019), https://www.valuewalk.com/2019/08/web-speech-teletherapy/.

[36] Michael Ollove, *Telemedicine in Schools Helps Keep Kids in the Classroom* (Jan. 4, 2017), https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/01/04/telemedicine-in-schools-helps-keep-kids-in-the-classroom (quoting Missouri state Representative Kip Kendrick, who helped pass a Missouri law that allows Medicaid payments for telemedicine in schools).

innovations already exist in schools today. For instance, with the help of Diversity Telehealth's TELADOC service, students at Benjamin Banneker Charter Academy of Technology in Kansas City, Missouri use their laptops during school for behavioral health sessions with therapists.[37] Similarly, Florida International University has been using TAO Connect, an online therapy platform, to deliver counseling and psychological services to students.[38] The platform gives on-campus and online students the ability to use tools such as anxiety monitoring logs or engage in video conferences with their therapist in between face-to-face sessions.

The Center for Rural Health Innovation, through its Health-e-Schools telemedicine program, uses high-definition video to enable providers to deliver healthcare in schools in four rural North Carolina counties.[39] The Center's founder, Dr. Steve North, developed the Health-e-Schools program recognizing that academic and health outcomes are tightly linked. The program allows students to visit their school nurse, who then uses telemedicine cameras to present the student to a doctor or nurse practitioner in another location. The Health-e-Schools program is able to provide primary care, write and manage prescriptions, and provide behavioral health counseling all via telemedicine. Similar programs are being introduced at schools across the country.[40]

---

[37] http://www.diversitytelehealth.com/students-at-benjamin-banneker-charter-academy-of-technology-used-laptops-for-behavioral-health-sessions-with-therapists-during-diversity-telehealths-pediatric-telebehavioral-health-pilot/.

[38] Ellen Ullman, *How to use tech to address students' mental health*, *e*CampusNews (Nov. 12, 2018), https://www.ecampusnews.com/2018/11/12/how-to-use-tech-to-address-students-mental-health/.

[39] Telemedicine in School-based Health Centers (February 2018), https://www.apha.org/-/media/files/pdf/sbhc/recommendations_sbhc_health_reform.ashx?la=en&hash=75E4FA21B7AAA0CF8D7EC9A2817081FF59F94D0D.

[40] *See, e.g.*, *Telehealth comes to middle school*, The Press and Standard (Aug. 21, 2019), http://walterborolive.com/2019/08/telehealth-comes-to-middle-school/; *Florence School District 1 joins 'Telehealth' program* (Aug. 21, 2019), https://www.wbtw.com/home/florence-school-district-1-joins-telehealth-program/; *North Florida schools outfitted with telehealth portals* (Aug. 20, 2019), https://floridapolitics.com/archives/303798-north-florida-schools-outfitted-with-telehealth-portals; *Telehealth possible for kids in some New Orleans schools* (Aug. 20, 2019), https://www.houmatoday.com/news/20190820/telehealth-possible-for-kids-in-some-new-orleans-schools; *Georgia Schools to Use Telemedicine for Concussion Testing, Treatment*, MHealth Intelligence (Aug. 14, 2019), https://mhealthintelligence.com/news/georgia-schools-to-use-telemedicine-for-concussion-testing-treatment.

These are only a few of the exciting school-based services and products that telehealth makes possible, and the inclusion of school-based health centers in the Connected Care Pilot program would expand the availability of these innovative services. Funding of school-based health centers satisfies the goal to "reduce travel time for rural and remote patients, significantly reducing out-of-pocket costs for patients, in addition to reducing the need to miss work or school to see a health care provider."[41] Inclusion of school-based health centers in the Pilot program also meets the needs of both schools and HCPs in furtherance of Congress' goals.[42]

Other Considerations for the Structure of the Connected Care Pilot Program

The Commission asks whether there are medical licensing or reimbursement laws that would have a bearing on how the Commission structures the Connected Care Pilot program.[43] As the Commission notes, "reimbursement issues and health care professional licensing laws and regulations" are some of the "obstacles to broader adoption of connected care services."[44] One of PATH's primary goals is to remove arbitrary regulatory or professional barriers that thwart progress in telemedicine and ensure the existence of appropriate payment policies that reflect the unique value-add provided by telemedicine services.

Positive policies and laws are emerging, but more are needed. For example, the Centers for Medicare and Medicaid Services recently issued its proposed 2020 Physician Fee Schedule rule, which contains new telehealth services covered under Medicare.[45] New Hampshire's

---

41 NPRM ¶ 83.

42 47 U.S.C. § 254(b)(6) (directing the Commission to establish policies "for the preservation and advancement of universal service" based on seven (7) principles, including the principle that "Elementary and secondary schools and classrooms, health care providers, and libraries should have access to advanced telecommunications services").

43 NPRM ¶ 27.

44 NPRM ¶ 12.

45 *Telehealth: Medicare Moves Forward by Proposing New Telehealth Services for 2020*, The National Law Review (Aug. 12, 2019), https://www.natlawreview.com/article/telehealth-medicare-moves-forward-proposing-new-telehealth-services-2020; *see also* Rod Moore, *CMS endorses telehealth for care anytime, anywhere*, Athena Health

Medicaid program also now covers the use of telemedicine technology for primary care visits, substance abuse treatment, and more.[46] The Florida legislature recently passed a law providing additional guidelines on the use of telehealth in the state, including new practice standards, a registration process for out-of-state HCPs, and reimbursement provisions.[47] Oklahoma and Missouri also recently addressed telehealth regulatory and payment matters to ensure patients and physicians in those states can utilize these new technologies,[48] and other states are taking similar steps.[49] PATH supports any additional actions that can be taken by the Commission to remove barriers to telehealth implementation throughout the United States.

A serious tension in the FCC's proposal is the lack of funding for HCP administrative costs, while also proposing significant data collection, recordkeeping, and related analysis requirements to measure progress towards Pilot program goals.[50] To succeed, this initiative must not create unfunded mandates that further bury HCPs under the weight of more red tape. HCPs already suffer from far too complicated reporting for health insurance purposes.[51] Time demanded to collect

---

(August 27, 2019), https://www.athenahealth.com/insight/cms-endorses-telehealth-care-anytime-anywhere.

[46] Ethan DeWitt, *Telemedicine now covered by N.H. Medicaid for primary care visits, substance use disorder*, Concord Monitor (Aug. 13, 2019), https://www.concordmonitor.com/Telemedicine-now-covered-by-New-Hampshire-Medicaid-for-primary-care-visits-and-substance-use-disorder-27682090.

[47] *Florida Legislature Passes New Telehealth Law Addressing Licensing, Practice, and Payment*, eWellness Healthcare (May 14, 2019), https://www.globenewswire.com/news-release/2019/05/14/1823731/0/en/Florida-Legislature-Passes-New-Telehealth-Law-Addressing-Licensing-Practice-and-Payment.html.

[48] *Missouri Gives Physician Assistants More Freedom to Use Telehealth*, MHealth Intelligence (Aug. 16, 2019), https://mhealthintelligence.com/news/missouri-gives-physician-assistants-more-freedom-to-use-telehealth; *Randleman: This Week at the Capitol*, Muskogee Phoenix (Aug. 25, 2019), https://www.muskogeephoenix.com/opinion/columns/randleman-this-week-at-the-capitol/article_5e1c4dc8-dbc1-54c2-b488-97a2ba184a41.html.

[49] *California Expands Medicaid Coverage for Telehealth, mHealth Services*, MHealth Intelligence (Aug. 27, 2019), https://mhealthintelligence.com/news/california-expands-medicaid-coverage-for-telehealth-mhealth-services; *Legislators to iron out logistics of remote 'telehealth' for rural South Dakotans*, Aberdeen News (Aug. 28, 2019), https://www.aberdeennews.com/news/legislators-to-iron-out-logistics-of-remote-telehealth-for-rural/article_be515f0a-0c2b-54c4-8492-af926a5469a3.html.

[50] NPRM ¶¶ 89-103.

[51] *See, e.g.*, *The new healthcare crisis? Doctor burnout, thanks to paperwork*, The Hill (Feb. 1, 2017), https://thehill.com/blogs/pundits-blog/healthcare/317233-doctors-are-increasingly-burnt-out-thanks-to-paperwork;

more data and prepare governmental reports is time taken from patient care. PATH proposes some funding be available under the Connected Care Pilot program to cover administrative costs associated with reporting for purposes of measuring progress of the program, at least during the initial three (3) years of the program.[52]

PATH also supports the Commission's goal to work closely with Congress and other federal agencies to ensure consistency across all aspects of telehealth, telemedicine, and connected care.[53] Congress recently introduced the Telemedicine Across State Lines Act, which directs the Department of Health and Human Services and other federal government agencies to address telemedicine program best practices.[54] This bill, in conjunction with its companion bills, the Rural Health Innovation Act and Rural America Health Corps Act, is intended to make quality care accessible "closer to home" for rural Americans.[55] The recently introduced Rural Maternal and Obstetric Modernization of Services (MOMS) Act is designed to help ensure that new and expectant mothers living in rural areas have access to the healthcare services they need by expanding existing telehealth programs to include birth and postpartum services and allowing HCPs to be reimbursed for their use of ultrasound, fetal monitoring and other pregnancy-related technology.[56] The proposed Rural Emergency Acute Care Hospital (REACH) Act calls for the

---

Why are so many doctors burning out? Tons of real and electronic paperwork, The Washington Post (June 1, 2019), https://www.washingtonpost.com/health/why-are-so-many-doctors-burning-out-tons-of-real-and-electronic-paperwork/2019/05/31/3335ca78-346c-11e9-af5b-b51b7ff322e9_story.html; *see also Excess Administrative Costs Burden the U.S. Health Care System*, Center for American Progress (Apr. 8, 2019), https://www.americanprogress.org/issues/healthcare/reports/2019/04/08/468302/excess-administrative-costs-burden-u-s-health-care-system/.

[52] NPRM ¶ 25.

[53] NPRM ¶¶ 86-87; *see also Telehealth is calling – will Congress pick up?*, The Hill (Apr. 18, 2019), https://thehill.com/blogs/congress-blog/healthcare/439551-telehealth-is-calling-will-congress-pick-up.

[54] *Blackburn Unveils Rural Health Agenda to Bring Care to Underserved Areas* (Aug. 1, 2019), https://www.blackburn.senate.gov/blackburn-unveils-rural-health-agenda-bring-care-underserved-areas.

[55] *Blackburn Unveils Rural Health Agenda to Bring Care to Underserved Areas* (Aug. 1, 2019), https://www.blackburn.senate.gov/blackburn-unveils-rural-health-agenda-bring-care-underserved-areas.

[56] *New Bills, Research Shine the Spotlight on Telehealth for Moms*, mHealth Intelligence (Aug. 2, 2019),

creation of a "rural emergency hospital" designation under the Medicare program to enable facilities in rural areas to provide emergency medical services without maintaining inpatient beds, which allows such facilities to use that space to provide other medical services, including telemedicine.[57] While some progress has been made, there is much more needed to be done to ensure telehealth, telemedicine, and connected care services are available to all Americans without unnecessary regulatory barriers.

https://mhealthintelligence.com/news/new-bills-research-shine-the-spotlight-on-telehealth-for-moms.

[57] *Sen. Grassley: Telehealth is a way to keep healthcare in rural America*, Health Data Management (Aug. 14, 2019), https://www.healthdatamanagement.com/news/sen-grassley-telehealth-is-a-way-to-keep-healthcare-in-rural-america.

CONCLUSION

PATH supports the Commission's proposed Connected Care Pilot program. It is well-established that demand for telehealth, telemedicine, and connected care will only continue to grow with the explosive introduction of new and innovative technologies, Internet of things, and enhanced and expanded broadband facilities. The Commission's policies should ensure all underserved communities have access to the vital and important technologies and healthcare innovations that are made possible by telemedicine, telehealth, and connected care.

Respectfully submitted,

THE PARTNERSHIP FOR ARTIFICIAL INTELLIGENCE, TELEMEDICINE AND ROBOTICS IN HEALTHCARE

/s/ Chérie R. Kiser

Jonathan D. Linkous, MPA, FATA
Chief Executive Officer
PATH
140 Huguenot Street
3rd Floor
New Rochelle, NY 10801

Chérie R. Kiser
Angela F. Collins
CAHILL GORDON & REINDEL LLP
1990 K Street, NW, Suite 950
Washington, DC 20006
(202) 862-8900
ckiser@cahill.com
acollins@cahill.com

Dated: August 29, 2019

Its Attorneys